Hotspots in Neuro-Oncology

Weller, M

European Association of NeuroOncology Magazine

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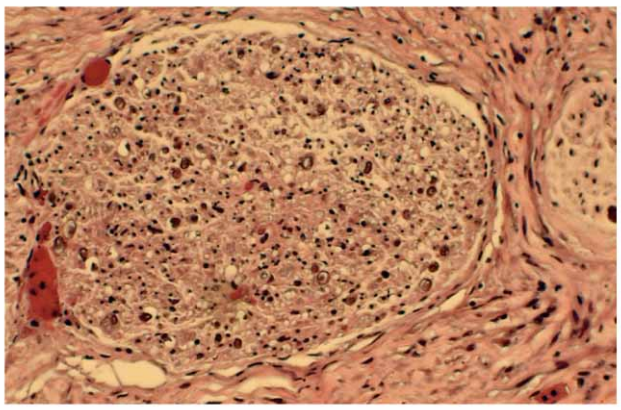

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Hotspots in Neuro-Oncology

Michael Weller

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Bogdahn U, Hau P, Stockhammer G, et al.; Trabedersen Glioma Study Group. Targeted therapy for high-grade glioma with the TGF-β2 inhibitor Trabedersen: results of a randomized and controlled phase IIb study. Neuro Oncol 2011; 13: 132–42.

In the January issue, the results of the randomized phase-IIb study on an antisense oligonucleotide against transforming growth factor (TGF) β_2, Trabedersen, were presented. This study was the first randomized study to assess the safety and efficacy of a TGFβ-antagonistic approach in glioblastoma. Although the trial was negative for the primary endpoint, the investigators provided extensive subgroup analyses to support the claim that Trabedersen was active in patients with recurrent anaplastic astrocytoma and subgroups of patients with glioblastoma. These interpretations raised concerns as summarized in the correspondence section of the May issue of the journal.

→ *Chamberlain MC. Convection-enhanced delivery of a transforming growth factor-{beta}2 inhibitor Trabedersen for recurrent high-grade gliomas: efficacy real or imagined?, in reference to Bogdahn et al. (Neuro-Oncology 2011; 13: 132–42). Neuro Oncol 2011; 13: 558–9.*

→ *Wick W, Weller M. Trabedersen to target transforming growth factor-{beta}: when the journey is not the reward, in reference to Bogdahn et al. (Neuro-Oncology 2011; 13: 132–42). Neuro Oncol 2011; 13: 559–60.*

→ *Bogdahn U. Response to MC Chamberlain: Convection-enhanced delivery of transforming growth factor-{beta}2 inhibitor Trabedersen for recurrent high-grade gliomas: efficacy real or imagined?, in reference to W Wick and M Weller: Trabedersen to target transforming growth factor-{beta}: when the journey is not the reward, in reference to Bogdahn et al. (Neuro-Oncology 2011; 13: 132–42). Neuro Oncol 2011; 13: 561–2.*

Reardon DA, Galanis E, DeGroot JF, et al. Clinical trial end points for high-grade glioma: the evolving landscape. Neuro Oncol 2011; 13: 353–61.

In the March issue, the Response Assessment in Neuro-Oncology (RANO) Working Group published a position paper on the currently used clinical trial endpoints in the field of malignant glioma, including a critical reappraisal of radiographic endpoints, the associated limitations of progression-free survival as an endpoint, as well as the ultimate need for demonstrating survival benefits in this disease. This article provides an up-to-date summary that should be valued by neurooncologists embarking on the design of clinical trials in the future.

Scott JG, Suh JH, Elson P, et al. Aggressive treatment is appropriate for glioblastoma multiforme patients 70 years old or older: a retrospective review of 206 cases. Neuro Oncol 2011; 13: 428–36.

In the April issue, a retrospective review of 206 patients with glioblastoma aged 70 or more was presented. Although the authors concluded that aggressive treatment may be appropriate in this patient population, this publication, like many others in that area, suffers from the fact that treatment allocation was probably heavily influenced by patient characteristics and that less fit patients were less likely to receive what is nowadays considered aggressive treatment. Accordingly, only the results from large randomized trials will eventually clarify the role of intensifying treatment in elderly patients with glioblastoma.

→ *Weller M, Wick W. Are we ready to demystify age in glioblastoma? Or does older age matter in glioblastoma? Neuro Oncol 2011; 13: 365–6.*

Johnson DR, Kimmel DW, Burch PA, et al. Phase II study of subcutaneous octreotide in adults with recurrent or progressive meningioma and meningeal hemangiopericytoma. Neuro Oncol 2011; 13: 530–5.

In the May issue, results from a phase-II study of subcutaneous octreotide in patients with recurrent progressive meningioma and haemangiopericytoma were reported. Treatment with somatostatin agonists is currently among the most promising options for patients with meningioma who may not have further surgical or radiotherapeutic options. Somewhat unexpectedly, no neuroradiographic responses were observed in this group of 12 patients, with only 2 patients experiencing prolonged progression-free survival. The search for more effective medical treatments for meningioma must go on.

Wefel JS, Cloughesy T, Zazzali JL, et al. Neurocognitive function in patients with recurrent glioblastoma treated with bevacizumab. Neuro Oncol 2011; 13: 660–8.

In the June issue, Wefel et al described the neurocognitive function in patients treated with bevacizumab in the BRAIN trial for recurrent glioblastoma. Apparently, patients considered stable by radiographic analysis had improved or stable neurocognitive function, indicating that the radiographic responses translated into a clinical benefit. This publication adds to the increasing awareness that neurocognitive function should be seriously considered at least as a surrogate endpoint of neurooncological trials with poor-prognosis patient populations like patients with recurrent glioblastoma.

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